

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Victor Josiah Parker 77460
(full name) (Register No.)

17-3154-CV-S-BP-P
Case No.

Plaintiff(s).

v.

Christian County Justice
(Full name)
Center

Defendants are sued in their (check one):

☒ Individual Capacity
☐ Official Capacity
☐ Both

Defendant(s).

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): Christian County Justice
Center 110 W. Elm Room #70 Ozark Mo. 65721

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Victor Josiah Parker Register No. 77460
Address Christian County Justice Center
110 W. Elm Room #70 Ozark Mo. 65721

B. Defendant Christian County Justice Center
Is employed as Jailer

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☐
- IV. Do you request a jury trial? Yes ☒ No ☐
- V. Do you request money damages? Yes ☒ No ☐
- State the amount claimed? \$20,000,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures: yes

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes ☒ No ☐

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

Done...
I have sent attachments of many grievance procedures
and requests to staff for help as well.

D. If you have not filed a grievance, state the reasons.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes ☐ No ☒

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (Defendant)

(2) Date filed: _____

Any other grievance procedures that have not made it to level 3 is because the Christian County Justice Center will not allow them to move past there current levels. The Christian County Justice Center is suppose to allow me to complete the full procedure of the grievance process. Most of the time they refuse me grievances, or the ones I have filed simply dissappear. I have enclosed with this letter all final copies of all grievance procedures I possess.

X Victor Smith Parker

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____
(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: _____
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

Please See attached Statement.
thanks

- B. State briefly your legal theory or cite appropriate authority:

The Christian County Jail Should be responsible for my Safety as well as any medical. Because of there Medical negligence, and lack of care I have been left blind in my left eye. This could have been avoided by giving me proper Medical treatment but instead I was constantly denied Medical treatment I also suffer from PTSD from the results of the Attack and no Medical help is given. I am afraid for my life, my Statement is attached.

①
Parker

Statement of Complaint

Hello, my name is Victor Parker. I'm writing you today to give you a brief overview of the events that occurred on or about September 22nd 2016, in the Christian County Detention Center. These are the physical / psychological effects I suffered and continue to suffer. I was attacked by three inmates who are currently being prosecuted for this crime in Jones County, MO. I ordered commissary in the amount of \$124.80. After my items were delivered to me in (B) POD, where I was housed, three inmates followed me into my cell. They told me if I didn't give them all of my items as well as pay them so much a week for protection they would beat me up every week that I didn't pay them. I refused to pay them and all three inmates started punching and kicking me. These are the physical injuries I suffered from that attack.

① I was stabbed in the left side of my face with a knife

(2)

Farber 122

shift. Knife that was fashioned from a piece of the black trashcan we are given in Christian County. This caused a slash to open up under my left eye. They continued assaulting me causing my left eye to atrophy, causing blinding cataracts to form over my retina. I am now completely blind in my left eye. Also, when they beat my face closed at Cox South, they beat through my tear duct and it no longer works. Because my eye still attempts to focus on things. My eye has taken an almost permanent position looking off to the left. And my right eye is trying to over-compensate and is becoming blurred as well.

② I had a \$4,000 set of upper and lower partial denture plates. Those plates were knocked out and subsequently lost and never recovered. Also, three of my own permanent teeth were knocked out.

③ My middle finger on my right hand, my pinkie finger on my left hand and my middle toe on my left foot were broken and are now malformed

Parker
②

③

due to lack of medical attention.

④ My neck and my back are both severely injured. They both hurt and ache all day. The pain stays at between a 7-8 on a pain scale of 10 but quickly getting worse every day.

⑤ I now have over-the-top, uncontrollable, severe anxiety, and very severe P.T.S.D., causing sleeplessness every night. I have constant fear of attacks from both inmates and guards alike. This fear pervades my conscience so overwhelmingly at certain times, all I can do is shake and tremble for hours.

I am in desperate need of help. I am in desperate need of civil as well as criminal legal counsel. I thank you so much for your attention to this very important, very urgent matter. I look forward to our future correspondence.

Sincerely,
Victor Josiah Parker

I declare under penalty of perjury that
Facts in this complaint are true

Print Victor Josiah Parker

Sign Victor Josiah Parker

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

Compensation for the loss of my eye, Compensation for all Mental disabilities gained from the attack, Compensation for pain, and Suffering, and have Christian County Justice Center Pay for it all along with all Medical expenses.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. _____

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No ☒

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

(In Process)

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ☒

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

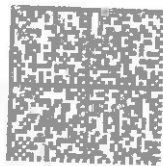
Executed (signed) this 21 day of May 2017

Victor Joseph P. [Signature]
Signature(s) of Plaintiff(s)

Victor Josiah Parker #77465
Christian County Justice Center
110 W. Elm, Room #70
Ozark Mo. 65721

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